

**Illinois Department of Insurance
Health Entities Checklist**

COMPANY NAME: _____

NAIC Company Code: _____

Contact: _____

Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois for Filings Made During the Year 2021

See note regarding Covid 19 Pandemic Special Instructions

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) APPLICABLE NOTES (See Health Notes)
			Domestic	Foreign			
			State	NAIC	State		
I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8 ½"X14")	2	EO	XXX	3/1	A-O, T,V,X, Z
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	XXX	3/1	A-O, T,V, Z
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	A, B, E-O, R, Z
II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	XXX	EO	XXX	4/1	A,B,E,F,I,J,M, N,O
	12	Actuarial Opinion	2	EO	XXX	3/1	A,B,E,F,I,J,M, Q,Z
	13	Life Supplemental Data due March 1	1	EO	XXX	3/1	A,B,E,F,I,J,M, O
	14	Life Supplemental Data due April 1	1	EO	XXX	4/1	A,B,E,F,I,J,M, O
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	XXX	EO	XXX	3/1	A,B,E,F,I,J,M, N,O
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	XXX	EO	XXX	3/1	A,B,E,F,I,J,M, N,O
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	XXX	EO	XXX	4/1	A,B,E,F,I,J,M, N,O
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	XXX	EO	XXX	4/1	A,B,E,F,I,J,M, N,O
	19	Long-Term Care Experience Reporting Forms	XXX	EO	XXX	4/1	A,B,E,F,I,J,M, N,O
	20	Management Discussion & Analysis	1	EO	XXX	4/1	A,B,E,F,I,Q,U
	21	Medicare Part D Coverage Supplement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,M, N,O
	22	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	3/1	A,B,E,F,I,J,M, N,O
	23	Risk-Based Capital Report	1	EO		3/1	A,B,E,F,I,M, O,R, T,Z
	24	Schedule SIS	1	N/A	N/A	3/1	A,B,E,F,I,J,M, O
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	A,B,E,F,I,J,M, O,R
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	XXX	EO	XXX	4/1	A,B,E,F,I,J,M -O
	27	Supplemental Health Care Exhibit's Allocation Report	XXX	EO	XXX	4/1	A,B,E,F,I,J,M -O
	28	Supplemental Investment Risk Interrogatories	XXX	EO	XXX	4/1	A,B,E,F,I,M- O

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			Domestic	Foreign			
			State	NAIC	State		
		III. ELECTRONIC FILING REQUIREMENTS					
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	O
	62	March .PDF Filing	XXX	EO	XXX	3/1	O
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	O
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	O
	65	Supplemental Electronic Filing	XXX	EO	XXX	4/1	O
	66	Supplemental PDF Filing	XXX	EO	XXX	4/1	O
	67	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	O
	68	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	O
	69	June .PDF Filing	XXX	EO	XXX	6/1	O
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS					
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	A,B,E,F,J,Q, W
	82	Audited Financial Reports	1	EO	N/A	6/1	A,B,E,F,J,Q, W
	83	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	8/1	A,B,E,I,Q,W
	84	Communication of Internal Control Related Matters Noted in Audit (Internal Control Letter)	1	EO	N/A	8/1	A,B,E,I,Q,W
	85	Independent CPA (change)	1	N/A	N/A	8/1	A,B,E,F,J,Q, W
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5 th business day after notice received	A,B,E,F,J,Q, W
	87	Notification of Adverse Financial Condition	1	N/A	N/A	3/1	A,B,E,F,J,Q, W
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	5/21	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/21	
	92	Request for Exemption to File Annual Audited Financial Report	1	N/A	N/A		A,B,E,F,J,Q, W
		V. STATE REQUIRED FILINGS					
	101	Corporate Governance Annual Disclosure **	EO	0	N/A	6/1	A, E
	103	Form B-Holding Company Registration Statement	1	0	N/A	5/1	
	103.1	Annual Form C Filing	1	0	N/A	5/1	
	104	Form F-Enterprise Risk Report ***	1	0	N/A		
	105	ORSA ****	1	0	N/A		A, B, D, E
	106	Privilege & Retaliatory Tax Statement	1	0	1	3/15	A,B,D,E,F,P

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			State	NAIC	State		
	106.1	Privilege & Retaliatory Tax Quarterly Estimates	1	0	N/A	4/15, 6/15, 9/15, 12/15	A,B,D,E,F,P
	107	State Filing Fees – Annual Statement Filing Fee	1	0	N/A	Upon Receipt of invoice 2/1	A-C,E,F,P
	107.1	State Filing Fees – Certificate of Authority Renewal	0	0	1	Upon Receipt of invoice 2/1	A-C,E,F,P
	107.2	Financial Regulation Fee	1	XXX	1	Upon Receipt of invoice 6/30	A-C,E,F,P
	108	Signed Jurat	XXX	0			L
	109	Illinois Business Page, if not already filed within annual statement	1	EO	N/A	3/1	A,B,E,I,M,O, X
	110	Point of Service Form	1	N/A	1	3/1,5/15,8/15 11/15	A,B,E,F,I,J,P, Y
	111	Provider Agreements					AA
	112	Section 126.20 Investment Supplement	1	N/A	N/A	3/1	A,B,E,F,P,Z
	113	Certificate of Deposit	0	N/A	1	3/1	A,B,E,F,G,N, P
	114	Certificate of Compliance	0	N/A	1	3/1	A,B,E,F,G,N, P

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

****For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.**

*****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**

******For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**

**General Instruction
For Companies to Use Checklist**

Please Note: This state’s instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Illinois Department of Insurance Health Entities Checklist

Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an “x” in this column when submitting information to the state.

Column (2) Line

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital.PDF Filing* is the .pdf file for risk-based capital data.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental.PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly.PDF Filing* is the .pdf file for quarterly statement data.

The *June.PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.